STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: RAYYOND G FINEAU	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: 44 LAVOIE 5T CITY: TAY	Member of the Senate, District
ZIP CODE: <u>04239</u>	
PHONE NUMBER: 897-3898	Member of the House, District 7

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. <u>Dollar amounts need not be listed.</u>
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE REEP A COPY OF THIS STATEMENT FOR YOUR FILES.	
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
1.	5	
2. / <i>VUNE</i>		
3		
A. Enter the name and add	ith a partnership, firm, professional associatio	Legislators who are self-employed.) r areas of economic activity from which you derived on, or similar business entity, list the major areas of
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
2.	VE	
3		
\$1,000, whichever is greater derived such income. If	eater, and specify the principal type of econom	esents more than 10% of your gross income or nic activity of the entity or person from whom you rule, or an established code of professional ethics, erson from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
Name of Source	Address	Source of Income
1		· .
3		
	OF PRACTICE. (For Legislators who are aw firm, list the major areas of practice of yo	e attorneys-at-law only.) List your major areas of ur firm.
Name and Address of F	m Major Areas of Practice (self)	Major Areas of Practice (firm)
1	ONE	
3		

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
INDIVE		ъ.
		•
RT V. DISCLOSURE OF 1000 or more that you received of list loans from a relative. If no	during the reporting period, and list the	st the names of creditors for any unsecured loans major areas of economic activity of each creditor.
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
1/10		
/VONG		
1	1	
′		
RT VI. DISCLOSURE OF	GIFTS. Name the specific source of	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300	GIFTS. Name the specific source of from a single source. If none, so state	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300	GIFTS. Name the specific source of from a single source. If none, so state	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300	GIFTS. Name the specific source of from a single source. If none, so state 3. 4. F HONORARIA. List the source of	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300	GIFTS. Name the specific source of from a single source. If none, so state 3. 4. F HONORARIA. List the source of some, so state.	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300	GIFTS. Name the specific source of from a single source. If none, so state 3	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300	GIFTS. Name the specific source of from a single source. If none, so state 3	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300 RT VII. DISCLOSURE OF ted to your official duties. If n	GIFTS. Name the specific source of from a single source. If none, so state 3. 4. F HONORARIA. List the source of none, so state. 3. 4.	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300 RT VII. DISCLOSURE OF ted to your official duties. If no second seco	GIFTS. Name the specific source of from a single source. If none, so state 3. 4. F HONORARIA. List the source of none, so state. 3. 4.	f each gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF regate value of more than \$300 Per control of the state of the	GIFTS. Name the specific source of from a single source. If none, so state 3. 4. F HONORARIA. List the source of none, so state. 3. 4. ION BEFORE STATE AGENCIES. for compensation of any amount. If no	f each gift of more than \$300. Include gifts with the second second and honoraria accepted for appearances or specific dentify each executive branch agency before were, so state.
RT VI. DISCLOSURE OF regate value of more than \$300 Per control of the property of the propert	GIFTS. Name the specific source of from a single source. If none, so state 3. 4. F HONORARIA. List the source of none, so state. 3. 4. ION BEFORE STATE AGENCIES. for compensation of any amount. If no	f each gift of more than \$300. Include gifts with

I. NONE	· · · · · · · · · · · · · · · · · · ·
	. 2
PART X. INCOME RECEIVED BY ME	MBERS OF IMMEDIATE FAMILY.
	ng each source of income of \$1,000 or more received by your spouse or dependent
child(ren) during the reporting period and the neome received by spouse and (D) beside so	e kind of income represented. Do not include gifts. Indicate (S) beside sources of ources of income received by dependent(s).
Type of Economic Activity	
Representing Each Source of Income Received	Kind of Income
Or wta/	and the second s
- DENTAL	NIONE PRY ENPROYMENT
2	
3	
· ·	
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The intentional filing of a false statem	ment shall be a Class E crime. If the Commission concludes that it
Attorney General. If the Commission	y filed a false statement, it shall refer its findings of fact to the a determines that a Legislator has willfully failed to file a required
tatement or has willfully filed a false	statement, the Legislator shall be presumed to have a conflict of
nterest on every question and shall be granch of the Legislature, and shall r	pe precluded from voting on any question in committee or in either not attempt to influence the outcome of any question. A Legislator
who willfully fails to file a required st	tatement is subject to a civil penalty not to exceed \$1,000, payable to
he State and recoverable in a civil ac	ction. (1 M.R.S.A. § 1019)
B. O.	0.007
Vay Man	6-4-2007
/ Signature	.Date